

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/127031

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2	1						(52)		2				
3	1						53		2				
4		3					54		2				
5		2					(55)		2				
(6)		3					56		2				
(7)		3					(57)		2				
(8)		3					(58)		2				
9		3					(59)		2				
10		3					(60)		2				
11		3					(61)		2				
(12)		3					(62)		2				
(13)		3					(63)		2				
(14)		3					64		2				
(15)		3					(65)		2				
(16)		3					(66)		2				
(17)		3					(67)		2				
(18)		3					(68)		2				
(19)		3					69						
(20)		3					70						
(21)		3					71						
(22)		3					72						
(23)		3					73						
(24)		3					74						
(25)		3					75						
(26)		3					76						
27	1						77						
28		1					78						
29		2					79						
(30)		2					80						
(31)		2					81						
(32)		2					82						
33		2					83						
34		2					84						
35		2					85						
(36)		2					86						
(37)		2					87						
(38)		2					88						
(39)		2					89						
(40)		2					90						
41		2					91						
(42)		2					92						
(43)		2					93						
(44)		2					94						
(45)		2					95						
(46)		2					96						
(47)		2					97						
(48)		2					98						
(49)		2					99						
50		2					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	149	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	153					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS